

**Section 3: Applicant Certificate**

I affirm that my statements contained in the complete application are true and correct to the best of my knowledge and belief.

Applicant Signature: [Signature] Date: 3/14/2018

Applicant Name (typed or printed): Philip Cameron

Applicant Mailing Address: 2445 Westlake Dr.

City: Austin State: TX Zip: 78746

Phone (will be public information): \_\_\_\_\_

Email (optional – will be public information): \_\_\_\_\_

**Section 4: Owner Certificate**

I affirm that my statements contained in the complete application are true and correct to the best of my knowledge and belief.

Owner Signature: [Signature] Date: 3/14/18

Owner Name (typed or printed): Philip Cameron

Owner Mailing Address: 2445 Westlake Dr.

City: Austin State: TX Zip: 78746

Phone (will be public information): \_\_\_\_\_

Email (optional – will be public information): \_\_\_\_\_

**Section 5: Agent Information**

Agent Name: David Cancialosi, Permit Partners

Agent Mailing Address: 105 W Riverside Dr. #225

City: Austin State: TX Zip: 78704

Phone (will be public information): (512) 593-5361

Email (optional – will be public information): [Redacted]

**Section 6: Additional Space (if applicable)**

Please use the space below to provide additional information as needed. To ensure the information is referenced to the proper item, include the Section and Field names as well (continued on next page).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







**NOTIFICATIONS**

CASE#: C15-2018-0009  
LOCATION: 6705 Pixie Cove



-  SUBJECT TRACT
-  PENDING CASE
-  ZONING BOUNDARY

1" = 218'

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